

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	1		1			
17		1		1		
18						
19						
20						
21						
22						
23						
24		1		1		
25			1			
26			1			
27			1			
28			1			
29			1			
30			1			
31			1			
32			1			
33			1			
34			1			
35			1			
36			1			
37			1			
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47						
48						
49						
50						
TOTAL IND.	2		14			
TOTAL DEP.	22	22	33	33		
TOTAL CLAIMS	24	24	37	37		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS